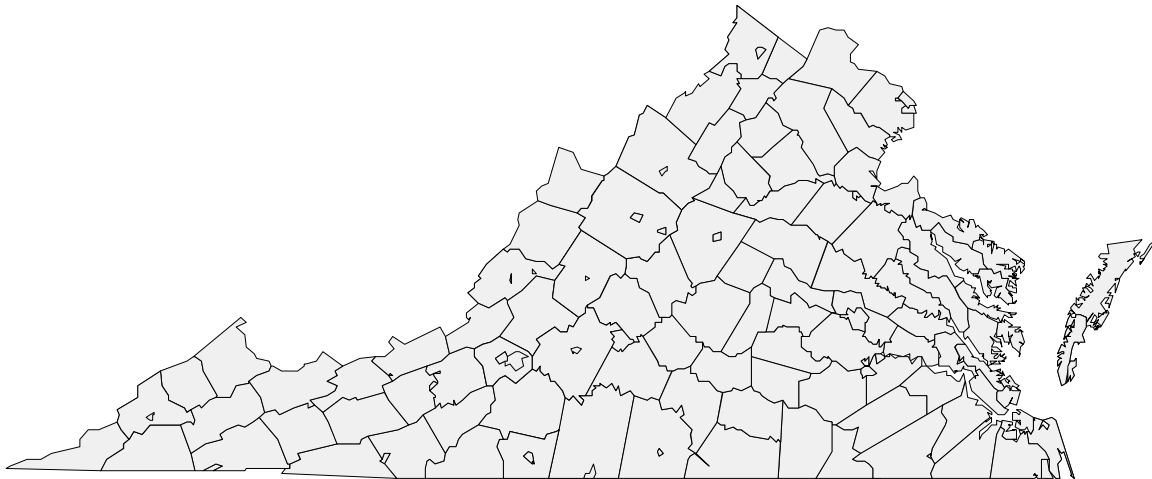


PARENT PERCEPTIONS OF SERVICES AT COMMUNITY SERVICES BOARDS

Outpatient Mental Health Services Provided to Children and Adolescents FY2003



December 15, 2003

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EXECUTIVE SUMMARY

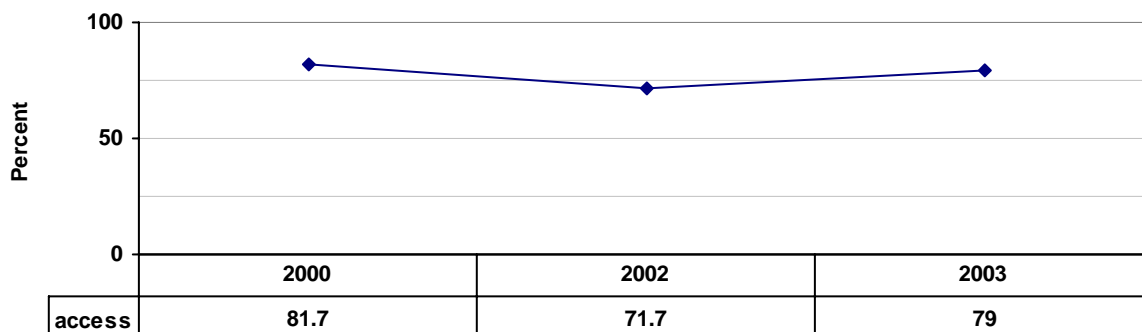
The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and local community services boards (CSBs) conducted a survey of parents of youth with serious emotional difficulties who received mental health services from public providers between October and December 2002. The Youth Services Survey for Children was used to assess five aspects of the public mental health service system and is recommended by the Center for Mental Health Services for reporting state data for the federal mental health block grant.

While the results reported here do reflect the views of parents who were able to access public mental health services, parents who could not obtain mental health services were not sampled. There continues to be a significant number of families in the Commonwealth who remain on waiting lists for services. The perceptions of these individuals were not surveyed.

A total of 852 *unduplicated* valid surveys were returned out of the sample of 4,149 respondents. This number achieved the 95 percent confidence level and a confidence interval of +/- 5% for the statewide sample. The majority of the youth were female (59%), Caucasian (57%), and had been in services for six months or more (80%). The average age of the youth was 12.8 years. Most were covered by public insurance, Medicaid (61%) or FAMIS (7%).

Based on the performance indicator results, the outpatient public mental health system for children with SED has shown *significant* improvement from last year on all indicators except outcome. Highest marks were obtained on the cultural sensitivity of the provider and family involvement in treatment planning. These results over time are displayed below.

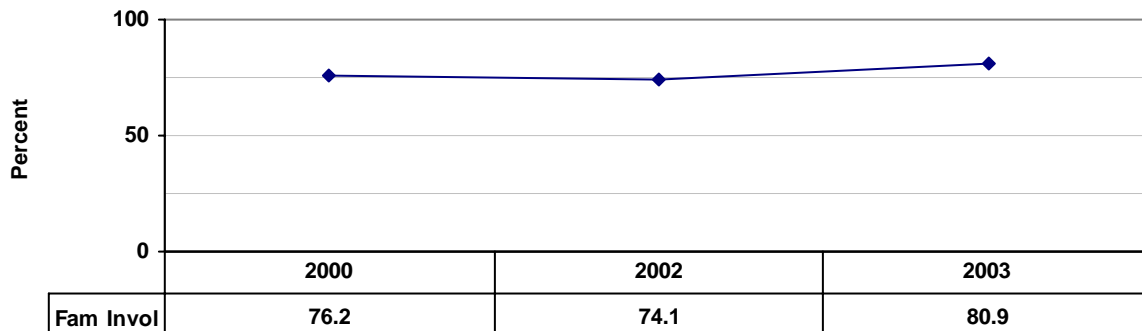
High Number of Parents Report Good Access to Services



The majority of parents (79%) report that they are able to access services for their children with serious emotional disturbance. Services are available at convenient locations and at convenient times. Fewer parents reported that they were able to get an appointment as soon as they wanted. Given that many of the community mental health agencies are using waiting lists to manage the

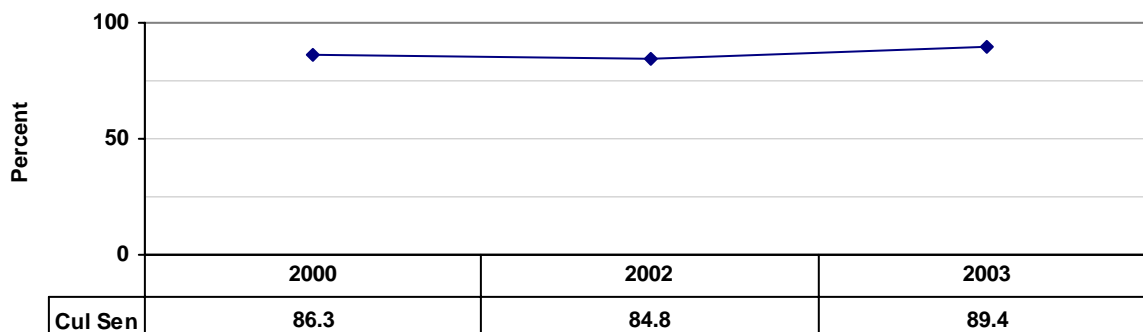
unmet need for services, it seems that the lack of availability of professional staff is the biggest barrier to access at this time.

High Number of Parents Report Participation in Treatment Planning for Their Children



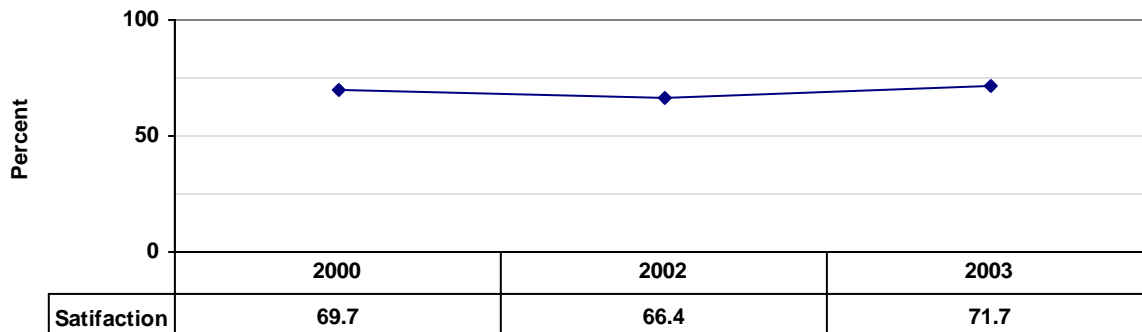
A high percentage of parents (80.9%) reported that they participated in treatment planning activities for their children's services. Most parents were included in treatment but relatively fewer parents helped to choose services or treatment goals. However, the overall performance in this domain indicates that there is a high degree of collaboration between service providers and parents of youth with serious emotional disturbance.

High Number of Parents Report Providers to be Culturally Sensitive



Staff who provide services to youth with serious emotional disturbance have been consistently reported by parents to be culturally sensitive since the first survey was conducted. Currently, 89.4% of parents perceive the staff as being respectful of their religious/spiritual beliefs and of their race/ethnicity. These findings were reported to be consistently high, regardless of the race/ethnicity of the youth.

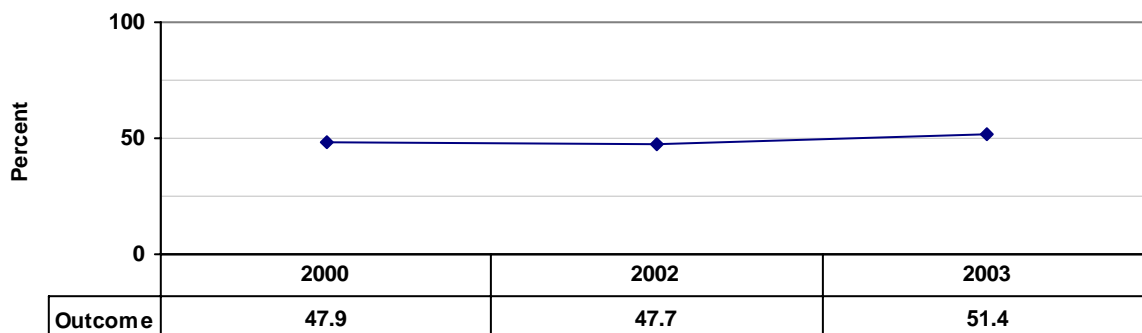
Moderate Number of Parents Report General Satisfaction with Services



Unlike the high ratings in the domains described previously, only a moderate number of parents (71.7%) reported general satisfaction with the services their children received. The lower satisfaction ratings resulted from fewer parents agreeing with the items that stated, “My family got as much help as we needed”, “My family got the help we wanted”, and “The services we received were right for us”. Therefore, even for youth receiving some services, there is still a significant unmet need for services with 37% of parents reporting they did not get as much help as was needed.

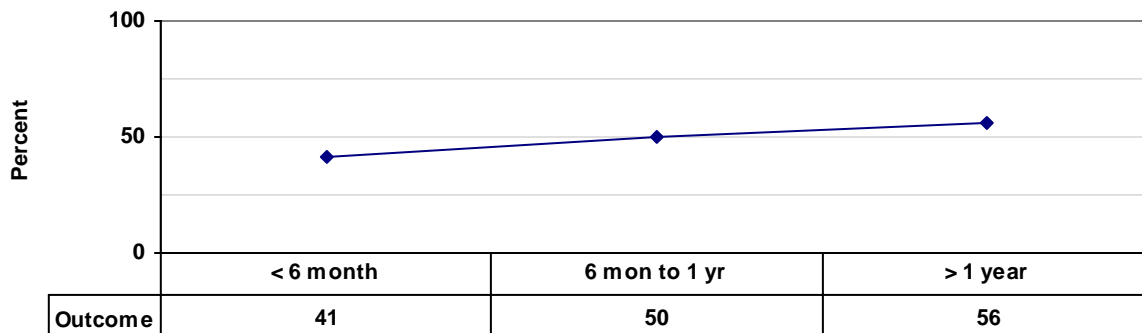
These findings are likely to reflect current practices regarding allocation of limited program resources. Many communities do not have the financial resources to offer a full range of service options that can be delivered by child specialists. Service options frequently are restricted to a few traditional types of services and insurance limits the amount of service a family can access. For example, in communities where a child psychiatrist is available, a family may still have to wait months to get an appointment. In order to manage the limited resources, families may receive an available service that is not what the child needs and, more importantly, does not result in improved outcomes.

Moderate Number of Parents Report Positive Outcomes of Services



The lowest percentage (51.4%) of parents reported that they perceived improvement in their child’s functioning or behavior as a result of the services they received. Since the kind of services utilized is not reported, it is difficult to determine if some types of services had better outcomes than others. It is clear, however, that youth with serious emotional difficulties do significantly better if they are in services for more than 6 months.

Parent Report of Positive Outcome of Services by Length of Time in Services



In summary, the areas identified as a “best practice” for working with this population and were DMHMRSAS priorities for training over the last several years (cultural sensitivity of providers and family involvement in treatment planning) show the most positive responses from parents. However, barriers to receiving enough of the appropriate treatments targeted to the youth’s individual needs have resulted in lower ratings on satisfaction and outcomes.

More recently the Department has put a priority on supporting the development of evidence-based practices within the local mental health system. This priority is consistent with the vision of the President’s New Freedom Commission on Mental Health’s (the Commission) Subcommittee on Children and Family. That vision is one in which “our communities, states, and nation provide access to comprehensive, home and community-based, family-centered services and supports for children with mental health disorders and their families, while at the same time creating conditions that promote positive mental health and emotional well-being and prevent the onset of emotional problems in all children.” One of the “standards of care” that the subcommittee identified relates to the importance of evidence-based practices in children’s mental health. The Commission is recommending increased focus at the federal level on the evaluation of mental health programs in evidenced-based practices and on assuring that existing funding mechanisms encourage the use of evidence-based practices. As evidenced-based treatments become more widely available to the child and adolescent priority population over time, it is likely that an increase in parent perceptions of the positive outcomes of services will be observed.

PARENT PERCEPTIONS OF SERVICES AT COMMUNITY SERVICES BOARDS

Outpatient Mental Health Services Provided to Children and Adolescents: FY 2003

During FY2003, the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and local community services boards (CSBs) conducted a survey of parents of youth receiving mental health services. The purpose of the survey was to assess the impact of services on consumers and to monitor the performance of the public mental health, mental retardation and substance abuse system. Since parents¹ are consumers of services along with their children and they are typically the ones who seek services for their children, they are able to provide a unique perspective on the quality of services and the impact of the services on their child's functioning. This report focuses on the evaluation of Virginia's public mental health services for children and adolescents by a parent or other primary caregiver. It is important to note that perceptions of parents who could not obtain mental health services were not sampled. There continues to be a significant number of families in the Commonwealth who remain on waiting lists for services. Therefore, the results reported here cannot address the question of whether there is an adequate amount of services provided; they can only speak to the quality of services that are provided.

The Youth Services Survey for Families (Brunk, Koch, & McCall, 2000) was developed under the leadership of DMHMRSAS to assess parental perceptions of several important aspects of mental health services provided to their children. This instrument has been demonstrated to be a reliable and valid instrument to use to measure parent perceptions of child mental health services in the areas of access, family involvement in treatment planning, cultural sensitivity, satisfaction, and outcomes (Brunk, Innes, & Koch, 2003; Lutterman, et al, 2002). The Center for Mental Health Services (CMHS) is recommending its use by all states for reporting under their state data infrastructure grant (DIG) and their Uniform Reporting System (URS). Over time, the use of a single measure across states will facilitate national- and state-level comparisons that can be useful in identifying strengths and weaknesses in state mental health systems.

This report summarizes the findings of the Youth Services Survey for Families (YSSF) that was administered during FY2003 and compares those findings to previous Virginia DMHMRSAS administrations of the survey and to national benchmarks. By continuing to use the YSSF for future evaluations of children's mental health services, DMHMRSAS can use the information to evaluate the performance of the children's mental health system and the impact of public policy on that system. By providing a baseline for performance, the information presented here will be an important part of the evaluation of the impact of the current budget shortages on the ability of the public mental health system to improve outcomes for children with serious emotional disturbance.

¹ While the majority of respondents were parents of the child receiving services, grandparents or others serving as the child's primary caregiver completed many surveys. The term "parent" will be used throughout this report to refer to any person serving as the child's primary caregiver.

Procedures

CSBs were asked to provide DMHMRSAS with a file that identified all children in the Child Mental Health Priority Population² that received at least one mental health service from their child and adolescent programs during the months of October through December 2002. These youth also met the federal criteria for youth with serious emotional disturbance. This data file contained basic demographic information such as date of birth, race, and gender of the youth in addition to mailing addresses. Thirty-seven of the 40 CSBs provided files to be included in the sample. Five CSBs sent only a list of medical record numbers and elected to mail the surveys themselves.

In February 2003, DMHMRSAS selected a random sample of youth from the submitted files to receive a survey. A total sample of 4,149 youth was selected to represent the population of 7,280 youth receiving services in the second quarter of the fiscal year ending in 2003. For the CSBs doing their own mailing, DMHMRSAS selected a random sample from a list of medical record numbers and provided the CSB with the list of consumers selected for the survey. For the remainder of CSBs, the DMHMRSAS contracted with the Social Science Research Center at Old Dominion University to conduct a mail survey of the sample. Surveys were mailed to the parents identified in the sample along with a cover letter that explained the purpose of the survey, identified the CSB that had provided services, and informed recipients of the risks and benefits of returning the survey. The first wave of surveys was mailed to recipients beginning in May 2003. A second survey was mailed two weeks after the first survey to anyone who had not yet returned the survey. In order to combine the survey data with demographic information in the CSB files, a unique number was assigned to each youth in the sample and that number was included on the survey. This also helped to identify eight surveys that were returned on the same youth. In the cases where there were two surveys with the same identifier, the second survey received was removed from the final data set. For the five CSBs that elected to mail their own surveys, the surveys were returned to the Social Science Research Center for inclusion in the data set. Since the CSBs were not able to track which recipients had completed a survey, these parents only received one mailing. The data for this report include all surveys received by end of July 2003. Several surveys were returned with the identifying number removed, therefore, demographic information about the youth was not available for those consumers.

A total of 852 *unduplicated* valid surveys were returned out of the sample of 4,149 respondents. A small number of the total sample, 318 (7.7%) had incomplete addresses. When this number of respondents was removed from the original sample, the number of respondents who actually received a survey was reduced to 3,831 and the resulting overall return rate was 22.2%. This number achieved the 95 percent confidence level and a confidence interval of +/- 5% for the statewide sample.

The number of mailings greatly affected the response rates. CSBs who distributed their own surveys using a one mailing methodology had a response rate of 12%. For participants who were surveyed by the Social Science Research Center at Old Dominion University using the second mailing methodology, the response rate was improved to 26%.

Instrument

The YSSF asks parents to provide feedback to DMHMRSAS regarding their perceptions of the services their child received at a community mental health center. The survey is designed to

² A copy of the checklist used to identify youth meeting criteria for the child mental health priority population is included in Appendix A.

measure the domains of access, cultural sensitivity, family participation in treatment, outcomes, and satisfaction with services. It includes 22 items that are scored from 1 “Strongly Disagree” to 5 “Strongly Agree,” and 10 items that ask how the child is doing in areas such as school attendance and court involvement and how long the child received services from the CSB. The version of the survey used in this project is the same version recommended for national reporting of performance indicators. This survey is identical to the one used by DMHMRSAS in its 2002 report. A copy of this survey is included in Appendix B.

Findings

Description of Sample

Of the respondents to the survey, 73.4% identified themselves as a parent, 15.2% were identified as another family member, 3% were foster parents, 4.9% were DSS Case Managers, and 3.5% were identified as having another relationship to the child. The respondents described the youth receiving services as follows:

- 59.4% female
- 57.7% Caucasian, 36.0% African American, and 6.3% Other
- 5.5% Hispanic origin
- Average age of 12.8 years
- 60.9% had Medicaid insurance, 7.2% covered by FAMIS, 27.3% had other insurance, 4.6% had no insurance
- 89.1% of the youth were currently living with the parent responding
- 70.5% had children who were still receiving services from the CSB
- 20.1% had been in services for less than six months, 29.7% had received services for six months to one year, 50.2% had been in service more than one year

Representativeness of the Survey Respondents to the Population

The only demographic information available on the population was age, race and gender of the youth. The age and race breakdown of the sample was very similar to that of the overall child mental health population. On the other hand, 61% of the population of youth in the priority population was male compared to only 39% of the sample population. However, since the indicator scores do not vary by gender, these results should reflect scores that would have been obtained if the entire population had been surveyed.

Item and Scale Results

The percentage of parents who responded to an item with “strongly agree” or “agree” is reported in Table 1. Seven items were endorsed by fewer than 70% of the parents. Comparison to the previous administration of the survey indicates a trend in the positive direction. The item, “My family got as much help as we needed...” has improved but still is endorsed by fewer than 70%. Lowest levels of agreement were found on items about positive changes in the child. Highest levels of agreement were found on items that indicated that staff were respectful and spoke to parents in a way they understood. Item statistics including the mean and standard deviation are presented in Appendix C.

Performance indicator scores were calculated by taking the average of the scores on all items related to one of the scales. For example, the indicator “Percentage of consumer's parents who report participating in child's treatment” is calculated by first taking the average of a respondent's scores on the items in the Family Involvement scale (Items 2, 3 & 6). Then the number of parents with an average scale score > 3.5 was divided by the total number of parents to calculate the percentage meeting the indicator. A score of 3.5 indicates agreement with the items included in the scale. Table 2 displays the scale and the percentage of parents who had a scale score > 3.5. In addition, comparisons are provided to the previous Virginia surveys and the sample used in the CMHS State Indicator Project.

Table 1. Summary of Responses to YSSF Survey Items

ITEMS	% Agree ¹ 2003	% Agree 2002	% Agree 2000
1. Overall, I am satisfied with the services my child received.	81.0%	74.5%	77.3%
2. I helped to choose my child's services.	80.9%	74.3%	76.8%
3. I helped to choose my child's treatment goals.	79.0%	74.8%	73.4%
4. The people helping my child stuck with us no matter what.	77.7%	70.9%	76.1%
5. I felt my child had someone to talk to when he/she was troubled.	77.0%	73.9%	75.1%
6. I participated in my child's treatment.	91.3%	85.9%	83.4%
7. The services my child and/or family received were right for us.	74.0%	68.7%	68.1%
8. The location of services was convenient for us.	87.5%	85.3%	92.0%
9. Services were available at times that were convenient for us.	83.6%	80.9%	82.4%
10. My family got the help we wanted for my child.	70.4%	66.0%	63.3%
11. My family got as much help as we needed for my child.	63.2%	56.3%	53.2%
12. I was able to get an appointment as soon as I wanted.	74.4%	67.4%	NA
13. Staff treated me with respect.	92.9%	89.3%	91.5%
14. Staff respected my family's religious/spiritual beliefs.	86.1%	82.8%	82.2%
15. Staff spoke with me in a way that I understood.	94.6%	92.0%	90.8%
16. Staff were sensitive to my cultural/ethnic background.	85.6%	81.9%	77.0%
As a result of the services my child and family received:			
17. My child is better at handling daily life.	57.4%	53.6%	53.4%
18. My child gets along better with family members.	61.1%	56.2%	57.9%
19. My child gets along better with friends and other people.	59.1%	54.8%	56.9%
20. My child is doing better in school and/or work.	59.0%	55.9%	55.0%
21. My child is better able to cope when things go wrong.	47.9%	46.6%	41.7%
22. I am satisfied with our family life right now.	53.4%	50.7%	46.9%

¹Includes responses of “agree” and “strongly agree”

Note. The survey was not conducted in 2001. The 2000 survey was an earlier version that did not include item 12.

Overall, parents reported significant improvement on all indicators of performance in the mental health system over the last year. In addition, services provided in Virginia were rated higher than those services in the national comparison group (see Table 2). Parents reported high levels of

access, family involvement, and cultural sensitivity of staff. However, only a moderate percentage of parents felt satisfied with the services they had received (72%). The four service related items with the lowest levels of agreement (see Table 1) included “My family got as much help as we needed”, “My family got the help we wanted”, “The services we received were right for us”, and “I was able to get an appointment as soon as I wanted”. A significant number of parents (37%) reported that they did not get as much help as was needed.

Only a moderate percentage of parents (51%) reported that their child was doing better as a result of the services they received. While reports of general satisfaction and positive outcomes were lower than the other indicators, they still reflect a significant improvement from previous years. Previous studies have shown that satisfaction is strongly associated with parent perceptions of positive outcome (Brunk, Innes & Koch, 2003). That is, parents who perceive positive changes in their child as a result of services are more likely to report higher levels of satisfaction. Since the service system is performing well in other areas related to satisfaction, it is unlikely that the service system will show further increases in satisfaction until more progress in terms of improving outcomes for youth has been made. These data suggest that, while clear gains in the system have been made, more effort is needed to improve the outcomes of mental health services for children and adolescents.

Table 2. Performance Indicators

Indicator: Percentage of parents who report...	Percent 2003	Percent 2002	Percent 2000^a	National Comparison^b
Good access to services	79.0% (+/- 2.6)	71.7%	81.7%	71.1%
Participation in treatment planning	80.9% (+/- 2.5)	74.1%	76.2%	72.2%
Cultural sensitivity of staff	89.4% (+/- 2.0)	84.8%	86.3%	81.3%
General satisfaction	71.7% (+/- 2.8)	66.4%	69.7%	63.1%
Positive outcome	51.4% (+/- 3.2)	47.7%	47.9%	46.7%

^aData from the 2000 survey was recalculated to include only items that are also in the subsequent surveys. Therefore, numbers here will be different from those reported in 2000.

^bThe data set used to calculate national comparison figures was collected through the Sixteen State Indicator Project in 2000. Virginia’s data was excluded when calculating the figures listed in this table.

Assessment of Other Descriptive Information

The YSSF contains several questions to obtain the parent's report on how the child is doing in several critical areas of functioning (e.g., “is the child in the home, in school, and out of trouble?”). Since the survey was conducted at a single point in time, these indicators cannot be

interpreted as an indicator of the outcome of the services, only as a description of the population served by the service system.

At the time of the survey, 85.6% of the parents reported that their child had lived only in a home-like setting during the last six months. Home-like settings include living with parents, other family members, or regular foster care. The majority of youth served by a CSB were able to stay in the home with parents or other relatives (78.7%). The number of youth living only at home during the last six months is somewhat lower than previous surveys. Table 3 displays the percentage of youth reported to have lived in each type of non-homelike setting during a six-month reporting period for each year surveyed. Compared to the earlier survey, placements in hospitals continue to go down while placements in foster care and therapeutic foster care are up. This may be related to the fact that previous surveys excluded youth who had a DSS Case Manager identified as the legal guardian. Therefore, these results are difficult to interpret. Similar to the earlier survey, only a very small percentage of youth (4.2%) lived in multiple out-of-home placements during the last six months.

Table 3. Out-of-home Placements^a

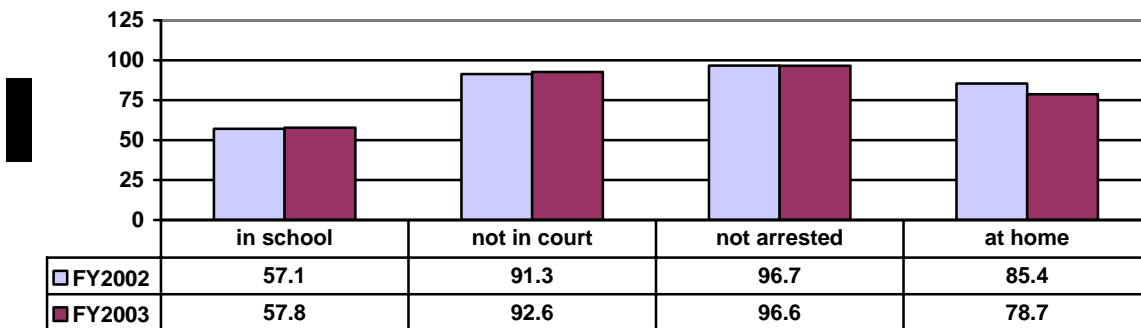
Non- Homelike Setting	Percent of Youth Living in Setting in Last Six Months		
	2003	2002	2000
Therapeutic foster home	2.6%	2.3%	0.9%
Shelter or runaway	1.6%	1.6%	0.9%
Group home	2.7%	2.7%	2.1%
Residential treatment	3.7%	4.2%	3.2%
Hospital	1.8%	2.3%	3.0%
Local jail or detention	4.3%	4.6%	3.0%
State correctional facility	0.4%	0.8%	0.9%

^aThis is based on a duplicated count of youth. A youth could have lived in multiple settings in the past six months.

Several other community indicators of functioning were included in the survey. Comparison of these indicators to the FY2002 survey is presented in Figure 1. The juvenile justice items indicate that, during the month prior to the survey, 7.4% of the youth had been to court for something he or she did and 3.4% had been arrested. Fifty-eight percent (57.8%) were absent from school for no more than two days in the last month. Some (9.7%) were not in school and 14.1% missed 6 days or more during the month. Only 5.8% of the parents reported that they could not remember how many days their child was absent that month.

Finally, several items refer to linkages with medical services. The majority of youth appear to have access to medical care as indicated by 76.8% of parents reporting that the youth had been seen by a medical professional outside of an emergency room during the last year. Unfortunately, there is also a high utilization of emergency room (ER) visits in that 42.3% had also been seen in the ER during the last year. In addition, 65.9% of the youth were on medication for emotional/behavioral problems. For those youth on medication, 77.2% of respondents reported that they were informed about medication side effects.

Figure 1. Community Indicators of Functioning



Note. “At home” is defined as living with a parent or another family member as their only placement in the last six months. “In school” is defined as being absent no more than 2 days in the last month.

Note. The differences in percent of youth at home may be the result of inclusion of youth in foster care in the 2003 survey while they were specifically excluded in 2002.

Comparison of Responses by Characteristics of the Person Served

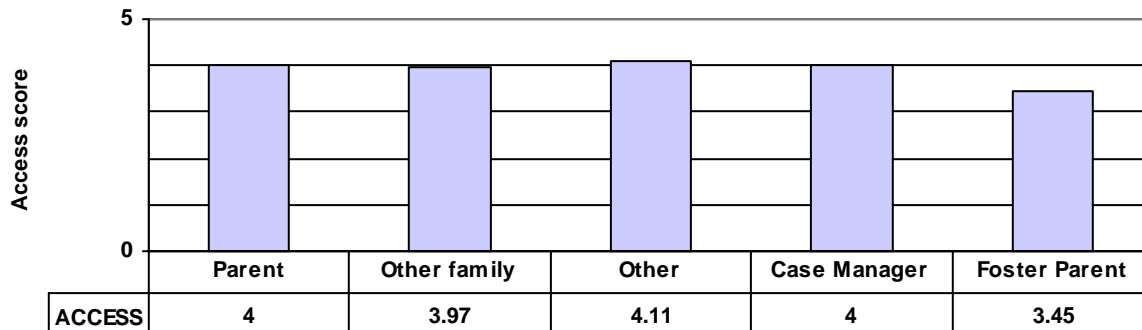
Responses were examined to see if there were systematic differences in the indicator scores by variables such as age, race, gender, Hispanic origin, current services status, type of insurance, length of service, and type of respondent. A complete list of the variables analyzed is included in Appendix D. Tables displaying the indicator scores by variables of interest are included in Appendix E. Separate Chi-square analysis was conducted on each variable with each indicator score. Whether the youth was still in services and the length of time the youth was in service was strongly associated ($p < .001$) with all the indicators. Higher scores on the indicators were obtained if the youth was still in services and if the youth had been in services for more than 6 months. Therefore, these variables must be taken into account when making comparisons.

In order to assess the impact of other factors after the variance related to these variables is removed, univariate analysis of variance was conducted on each indicator mean score for the variables showing a significant association in the Chi-square analysis. For these analyses, length of time in service and whether the youth was still in services were used as covariates. The following variables had significant associations with the indicator scores even when the variance related to the covariates was removed.

Access to Services. Parent’s reports of good access to services varied significantly by race ($F(2, 755) = 6.27, p < .01$). In this sample, parents of African American youth were more likely to report good access to services than parents of Caucasian youth or youth with another race/ethnicity. Additional ad hoc analyses were conducted to determine if there were other factors such as rural status or perceptions that the parents service needs were met contributed to these differences. These differences could not be accounted for by any other variable. While these differences were significant they are not large. The mean adjusted rating for each group ranged from 4.0 to 4.2 indicating agreement with positive access to services for all racial groups.

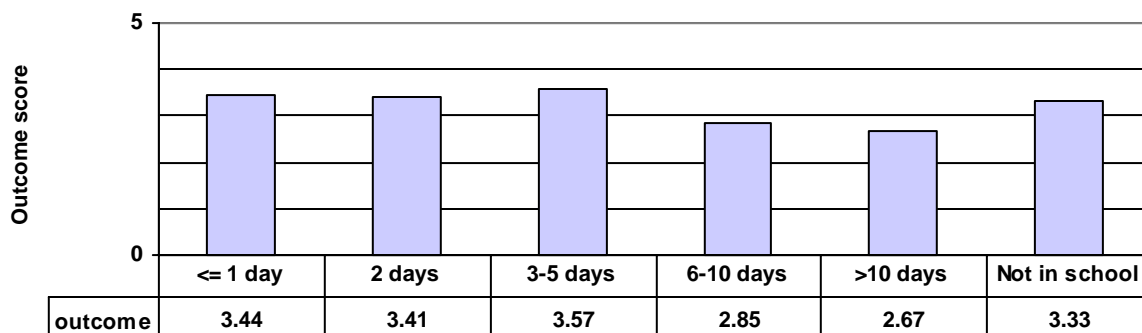
Parent Participation with Services. Type of respondent had a significant impact on parent reports of participation in their child’s treatment planning ($F(4, 754) = 3.337, p < .01$). Respondents were much less likely to be involved in treatment planning if the respondent was a foster parent. See Figure 2.

Figure 2. Parent Participation by Respondent Type



Positive Outcomes. Previous studies have shown that the perception of positive outcome is correlated with other community indicators of functioning (Innes, Brunk, & Koch, 2003). With this study, parent’s reports of positive outcome varied significantly by school attendance ($F(6, 615) = 5.24, p < .001$). Parents were more likely to report positive perceptions of the outcome of treatment if the youth had missed 5 or fewer days of school in the last month than if the youth had missed 6 days or more.

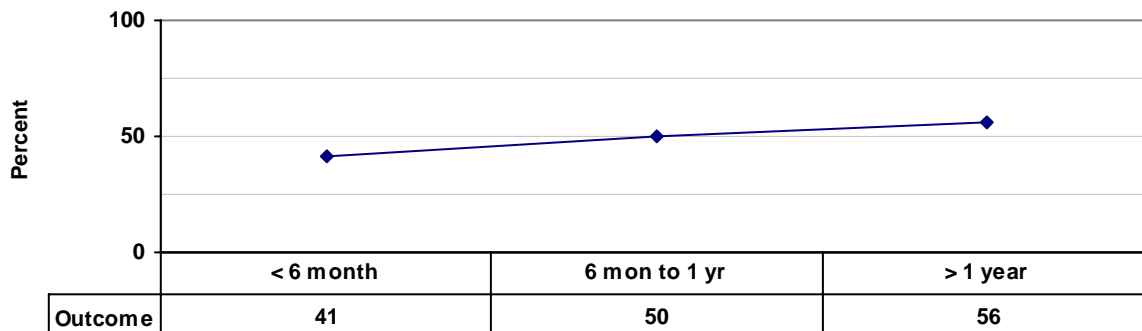
Figure 3. Parent Perception of Positive Outcome by School Days Absent



Outcomes for youth with SED also varied significantly by length of time the youth had been in services. These youth typically have multiple problems that have been present a long time. Their families often have limited resources to deal with the problems. Therefore, brief forms of treatment

are not likely to result in improvement in functioning. As length of treatment increases so do the parent reports of positive outcome.

Parent Report of Positive Outcome of Services by Length of Time in Services



Conclusions

Findings from this survey indicate that during the fiscal year ending in June 2003, public outpatient mental health services for children and adolescents showed significant improvements in performance from previous surveys. The one exception is in the area of positive outcomes, which only had a trend in the positive direction. The highest percentage of parents (89%) agreed with items that related to the cultural sensitivity of staff. Also rated highly were items related to ability to access services in convenient locations at convenient times (79%) and to parent involvement in their child's treatment (81%). However, only a moderate percentage of parents felt satisfied with the services they had received (72%). The four service related items with the lowest levels of agreement (see Table 1) included "My family got as much help as we needed", "My family got the help we wanted", "The services we received were right for us", and "I was able to get an appointment as soon as I wanted". These items indicate that there are some systemic barriers to families getting the type and amount of service that they want. Even when youth are able to access some services, there is still a significant unmet need for services with 37% of parents reporting they did not get as much help as was needed. When the youth who are not able to access services at all (and therefore not eligible for this survey) are taken into consideration, it is clear that while the services offered in the public mental health system are of good quality, there is not enough of those services to meet the needs of these youth.

Similar to findings from previous surveys, the lowest levels of agreement, in the moderate range, were related to parent perceptions of positive outcomes. Even though there has been some improvement in this area, only 51% of the parents reported that they saw positive changes in their child's behavior and functioning as a result of the services they received. Length of time in service was demonstrated to have a significant impact on parent perceptions of outcomes. When the results were adjusted for this variable, the percentage of parents reporting positive outcomes after 12 months or more of service went up to 56% while only 41% of parents saw positive changes in the youths behavior and functioning after less than 6 months of service. This is consistent with literature suggesting that children with serious emotional disturbance are likely to need more than 6 months of service and, when children are able to remain in service as long as they need, outcomes

are likely to improve. The current policy focus on evidence-based practices is likely to have a positive impact on outcomes. The challenge will be to make these practices widely available to the youth most in need.

The youth served by the Virginia public mental health system are racially and ethnically diverse. The largest majority (72.7%) has publicly funded health insurance or no insurance. These youth exhibit problems in many critical areas of functioning such as functioning in school, home, or with the legal system. During the month prior to the survey, 7.4% of the youth had been to court for something he or she did, and 3.4% had been arrested. In addition, 42.2% were absent from school for more than two days during the past month and 14.4% of parents reported that their child had lived in at least one non-homelike setting in the last six months. This could have included a group home, hospital, residential placement, detention or a correctional facility.

Finally, several variables provide some information regarding medical services utilization. The results indicate a high utilization of emergency room visits (42%) with this population. In addition, 66% of parents reported that their children were on medication for emotional/behavioral problems, and 77% of those parents were informed of the side effects of the medications.

The results of this survey suggest that several factors are likely to have an impact on parent's perceptions of the services they and their children receive. The most significant factors associated with parent perceptions appear to be current service status (i.e., the youth is or is not currently receiving services) and length of time in treatment. Parents are more likely to perceive the services positively on all indicators if they have been in service longer than 6 months and are still receiving services. Therefore, parents who discontinue services in less than 6 months are likely to be more dissatisfied with those services. To facilitate comparisons between programs or with findings from other states, indicators should be reported separately for these different groups.

When results were adjusted for the variance attributed to these factors, only three variables continued to have a significant impact on the performance indicator. Two of these, lower involvement of foster parents in treatment planning and lower reports of positive outcomes for youth who are frequently not attending school, are consistent with expectations and provide some validity for these indicators. The third, higher reports of positive access to services for parents of African American youth, is less clear. This result does indicate that there are likely to be cultural differences in the way parents of African American youth experience access to services, however, those differences could not be explained by any of the measures collected with this survey.

In summary, the outpatient public mental health system for children with SED has shown significant improvement as compared to previous surveys. Highest marks were obtained on the cultural sensitivity of the provider and family involvement in treatment planning. Both of these areas have been identified as a "best practice" for working with this population and have been DMHMRSAS priorities for training over the last several years. Lowest marks on satisfaction and outcome suggest the presence of barriers to parents receiving enough of the appropriate treatments targeted to the youth's individual needs.

More recently the Department has put a priority on supporting the development of evidence-based practices within the local mental health system. This priority is consistent with the vision of the President's New Freedom Commission on Mental Health's (the Commission) Subcommittee on Children and Family. That vision is one in which "our communities, states, and nation provide access to comprehensive, home and community-based, family-centered services and supports for children with mental health disorders and their families, while at the same time creating conditions that promote positive mental health and emotional well-being and prevent the onset of emotional problems in all children." One of the "standards of care" that the subcommittee identified relates to the importance of evidence-based practices in children's mental health. The Commission is recommending increased focus at the federal level on the evaluation of mental health programs

using evidenced-based practices and on assuring that existing funding mechanisms encourage the use of evidence-based practices. As evidenced-based treatments become more widely available to the child and adolescent priority population over time, it is likely that an increase in parent perceptions of the positive outcomes of services will be observed.

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Lutterman, T., Ganju, V., Schacht, L., Shaw, R., Higgins, K. et.al. (2002). Sixteen State Study on Mental Health Performance Measures. SAMHSA Publication No. SMA- - . Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

APPENDIX A

Child Mental Health Priority Classification Form

CHILD/ADOLESCENT MENTAL HEALTH AND SUBSTANCE ABUSE
PRIORITY POPULATION CLASSIFICATION FORM

The purpose of this form is to determine whether an individual, **age 17 years or younger**, meets the criteria for inclusion in the child and adolescent mental health and substance abuse priority populations. Please follow each step as directed.

DEMOGRAPHIC INFORMATION

Consumer Name: _____ **CSB Name:** _____
Consumer ID: _____ **Date of Assessment:** _____
Date of Birth: _____
Current Status: ☐ In service ☐ New Admission ☐ Annual Assessment ☐ Re-Admission

STEP 1. EVALUATE FOR CHILD MENTAL HEALTH PRIORITY POPULATION

CRITERION A: Diagnostic Criteria

A person who meets DSM IV diagnostic criteria for any of the following disorders and who is presenting for related treatment should be considered a part of this priority population. **Please note that for Major Depression, the disorder must be specified as “severe”.**

Please check the diagnostic category that applies to this consumer (if any).

Psychotic Disorders

_____ Schizophrenia, all types (295.10, 295.20, 295.30, 295.60, 295.90)
_____ Schizophreniform Disorder (295.40)
_____ Schizoaffective Disorder (295.70)
_____ Psychotic Disorder, NOS (298.9x)

Depression and Bipolar Disorders

_____ Bipolar I Disorder (296.40, 296.4x, 296.6x, 296.5x, 296.7)
_____ Bipolar II Disorder (296.89)
_____ Bipolar Disorder, NOS (296.8)
_____ Major Depressive Disorder, Severe (296.23, 296.24, 296.33, 296.34)

Does youth meet criteria for one of the disorders listed above?

- A. Yes. Check “Meets criteria for Child Mental Health Priority Population” in Mental Health Assessment Summary on page 3.
- B. No. Continue to evaluation of functional criteria on next page.

CRITERION B: Functional Impairment

If the consumer has a diagnosis other than one listed on page 1 please document the consumer's DSM IV diagnosis below (include V codes if applicable). If consumer has an Axis II diagnosis of mental retardation, complete the Mental Retardation Classification Form. Note. A diagnosis is not necessary for inclusion in the priority population.

Axis I diagnosis: (primary) _____ (secondary) _____ (tertiary) _____
Axis II diagnosis: (primary) _____ (secondary) _____

Written documentation in the youth's record must support that the functional criteria below are met as a direct result or manifestation of the youth's emotional or behavioral problems.

Check all functional criteria that apply

I. Problems in the last 12 months that are significantly disabling based upon the social functioning of most children their age. Youth has:

_____ attempted suicide one or more times, or has had a specific plan for committing suicide one or more times (a current or past history of suicidal ideation alone is not sufficient to meet this criterion).

_____ been hospitalized in a public or private psychiatric facility.

_____ been enrolled in a special education program for the emotionally handicapped (with an IEP), or is scheduled for an IEP to determine placement in a special education program for the emotionally handicapped.

_____ routinely missed two or more days of school or work per month as a direct result of the symptoms associated with their mental illness (i.e., do not include absence due to physical illness).

_____ a drop in school performance/productivity to point that there is a risk of failing at least half of courses.

_____ exhibited behavior that was so disruptive/aggressive that youth presents threat to the safety of others in the home or in the community.

_____ persistent problems/difficulties relating to peers that result in few, if any, positive peer relationships.

_____ at least one family relationship characterized by constant conflict that is disruptive to family environment.

_____ required intervention by at least one agency that is not the CSB.

II. Problems in personality development and social functioning exhibited over at least one year's time

_____ problems have lasted at least one year.

_____ problems are expected to last at least one year without services.

Does child meet at least two criteria in Section I AND one criterion in Section II above?

A. Yes. Check "Meets Criteria for Child Mental Health Priority Population" in Mental Health Assessment Summary

B. No. Continue to Step 2 and complete evaluation for the At – Risk Priority Population

APPENDIX B

Youth Services Survey for Families

YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)

Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST 6 MONTHS**. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!!

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Overall, I am satisfied with the services my child received.					
2. I helped to choose my child's services.					
3. I helped to choose my child's treatment goals.					
4. The people helping my child stuck with us no matter what.					
5. I felt my child had someone to talk to when he/she was troubled.					
6. I participated in my child's treatment.					
7. The services my child and/or family received were right for us.					
8. The location of services was convenient for us.					
9. Services were available at times that were convenient for us.					
10. My family got the help we wanted for my child.					
11. My family got as much help as we needed for my child.					
12. I was able to get an appointment as soon as I wanted					
13. Staff treated me with respect.					
14. Staff respected my family's religious/spiritual beliefs.					
15. Staff spoke with me in a way that I understood.					
16. Staff were sensitive to my cultural/ethnic background.					
<u>As a result of the services my child and/or family received:</u>					
17. My child is better at handling daily life.					
18. My child gets along better with family members.					
19. My child gets along better with friends and other people.					
20. My child is doing better in school and/or work.					
21. My child is better able to cope when things go wrong.					
22. I am satisfied with our family life right now.					

Please answer the following questions to let us know how your child is doing.

23. Is your child still getting services from this Center? ☐Yes ☐No
24. How long did your child receive services from this Center?
(If you are currently receiving services, how long have you been receiving services?)
☐ Less than 1 month ☐ 1 – 2 months ☐ 3 –5 months ☐ 6 months to 1 year ☐ More than 1 year
25. Is your child currently living with you? ☐Yes ☐No
26. Has your child lived in any of the following places **in the last 6 months**? (CHECK ALL THAT APPLY)
- | | |
|--|--|
| <input type="checkbox"/> a. With one or both parents | <input type="checkbox"/> g. Group home |
| <input type="checkbox"/> b. With another family member | <input type="checkbox"/> h. Residential treatment center |
| <input type="checkbox"/> c. Foster home | <input type="checkbox"/> i. Hospital |
| <input type="checkbox"/> d. Therapeutic foster home | <input type="checkbox"/> j. Local jail or detention facility |
| <input type="checkbox"/> e. Crisis shelter | <input type="checkbox"/> k. State correctional facility |
| <input type="checkbox"/> f. Homeless shelter | <input type="checkbox"/> l. Runaway/homeless/on the streets |
| | <input type="checkbox"/> m. Other (describe): _____ |
27. **In the last year**, did your child see a medical doctor (or nurse) in a hospital emergency room? (Check one)
☐Yes ☐No ☐Do not remember
28. **In the last year**, did your child see a medical doctor (or nurse) someplace other than a hospital emergency room for a health check up, physical exam or because he/she was sick? (Check one)
☐Yes ☐No ☐Do not remember
29. Is your child on medication for emotional/behavioral problems? ☐Yes ☐No
- 29a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐Yes ☐No
30. Has your child been arrested by the police in the last month? ☐Yes ☐No
31. In the last month, did your child go to court for something he/she did? ☐Yes ☐No
32. How often was your child absent from school during the last month?
☐ 1 day or less ☐ 2 days ☐ 3 to 5 days ☐ 6 to 10 days ☐ More than 10 days
☐ Do not remember ☐ Not applicable/ not in school
33. What is your relationship to the child?
☐ Parent ☐ Other family member ☐ Foster parent ☐ Case Manager (DSS) ☐ Other: _____
34. What type of insurance does your child have?
☐ Medicaid ☐ FAMIS ☐ Other Insurance ☐ No Insurance
35. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

36. What would improve services here? _____

Thank you for taking the time to answer these questions!

APPENDIX C

Table 4. Descriptive Statistics for Responses to YSS_F Items

	Mean ^a	Standard Deviation	N	% Agree ^b	% Disagree ^b
1. Overall, I am satisfied with the services my child received.	3.96	1.01	843	81.0%	10.3%
2. I helped to choose my child's services.	3.88	.97	841	80.9%	12.8%
3. I helped to choose my child's treatment goals.	3.87	.96	825	79.0%	11.5%
4. The people helping us stuck with us	3.95	1.07	831	77.7%	11.8%
5. I felt my child had someone to talk to	3.92	1.02	834	77.0%	10.2%
6. I participated in child's treatment	4.23	.80	837	91.3%	4.7%
7. The services were right for us.	3.89	1.01	845	74.0%	10.1%
8. The location was convenient for us.	4.13	.91	846	87.5%	8.5%
9. Services available at convenient times.	4.00	.98	838	83.6%	10.6%
10. My family got the help we wanted	3.76	1.09	839	70.4%	13.8%
11. My family got as much help as we needed	3.60	1.15	828	63.2%	18.2%
12. I was able to get appointment	3.74	1.10	841	74.4%	18.3%
13. Staff treated me with respect.	4.29	.82	843	92.9%	4.5%
14. Staff respected my family's religious/spiritual beliefs.	4.16	.76	820	86.1%	2.2%
15. Staff spoke in a way that I understood.	4.29	.70	846	94.6%	2.4%
16. Staff were sensitive to my cultural/ethnic background.	4.11	.78	812	85.6%	3.0%
17. My child is better at handling daily life.	3.47	1.11	834	57.4%	18.8%
18. My child gets along better with family members.	3.50	1.07	831	61.1%	18.8%
19. My child gets along better with others	3.50	1.07	831	59.1%	18.5%
20. My child is doing better in school and/or work.	3.46	1.23	827	59.0%	24.1%
21. My child is better able to cope when things go wrong.	3.23	1.16	827	47.9%	26.0%
22. I am satisfied with our family life right now.	3.34	1.16	823	53.4%	25.3%

^aScale ranges from 1 “Strongly Disagree” to 5 “Strongly Agree.” Higher mean scores correspond with greater satisfaction.

^bPercentages in the Agree column include those who responded “Agree” or “Strongly Agree” to the statement. Percentages in the Disagree column include those who responded “Disagree” or “Strongly Disagree.” Percentages for consumers who responded “Undecided” are not shown, but can be calculated by subtracting the total of the %Agree and the %Disagree from 100%.

APPENDIX D

List of Variables Used to Assess Differences in Indicator Scores

Note. Variables that were significantly associated with differences in Indicator Scores are indicated with an *.

Gender

Age category (0-2, 3 – 12 & 13 – 17, 18 - 21)

Race (white, black, other)*

Hispanic status

Type of insurance (Medicaid, FAMIS, other insurance, no insurance)

Type of respondent (parent, other family, foster parent, DSS Case Manager, other)*

HPR

Length of service (<6 mos, 6mos – 1 yr, > 1 yr)*

Currently in service*

Living situation only in homelike setting

Youth on medication

Youth arrested

Youth seen in court

Youth absent from school*

APPENDIX E

Data Tables by Consumer Characteristics

Table 5. Parent Evaluation of Care by Age of Youth

Table 6. Parent Evaluation of Care by Race/Ethnicity

Table 7. Parent Evaluation of Care by Health Planning Region (HPR)

Table 8. Parent Evaluation of Care by Length of Service

Table 9. Parent Evaluation of Care by Insurance Status

Table 10. Parent Evaluation of Care by Current Service Status

Table 11. Parent Evaluation of Care by Living Situation

Table 12. Parent Evaluation of Care by Use of Medication

Table 5. Parent Evaluation of Care by Age of Youth¹

Parent Report of Child/Adolescent Mental Health Indicators	Total			Age 0 – 2 years			Age 3- 12 years			Age 13 – 17 years			Age 18 – 22 years			Age Unknown		
	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%
Percent Reporting Positively About Access ²	658	833	79	18	22	82	314	396	79	305	385	79	5	7	71	16	23	70
Percent Reporting Positively About General Satisfaction	606	845	72	16	22	73	303	400	76	269	393	68	5	7	71	13	23	56
Percent Reporting Positively About Outcomes	430	837	51	10	20	50	215	396	54	190	391	49	4	7	57	11	23	48
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	19	22	86	345	401	86	299	391	76	6	7	86	14	23	61
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	16	21	76	359	396	91	343	386	89	6	6	100	19	22	86

¹Youth grouped according to age at end of sampling period, e.g., age at time of service.

²The Access Indicator is based on the two items used for national reporting.

Table 6. Parent Evaluation of Care by Race/Ethnicity¹

Parent Report of Child/Adolescent Mental Health Indicators	Total ³			American Indian or Alaska Native			Asian/ Pacific Islander			Black or African American			White			Hispanic			Other		
	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%
Percent Reporting Positively About Access ²	658	833	79	0	3	67	5	5	100	238	282	84	337	441	76	32	42	76	17	22	77
Percent Reporting Positively About General Satisfaction	606	845	72	2	3	67	5	5	100	219	286	77	311	447	70	28	41	68	17	22	77
Percent Reporting Positively About Outcomes	430	837	51	0	3	0	4	5	80	147	282	52	225	442	51	23	43	53	13	22	59
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	1	3	33	4	5	80	237	286	83	359	446	80	32	42	76	20	22	91
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	2	3	67	5	5	100	259	283	91	384	439	87	40	43	93	20	20	100

¹Race and Hispanic ethnicity were collapsed into a single category for reporting. The Hispanic category includes combined categories of Hispanic White and Hispanic Black.

²The Access Indicator is based on the two items used for national reporting.

Table 7. Parent Evaluation of Care by HPR

Parent Report of Child/Adolescent Mental Health Indicators	Total			HPRI			HPRII			HPRIII			HPRIV			HPRV			HPR Unknown		
	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%
Percent Reporting Positively About Access ¹	658	833	79	70	94	74	61	78	78	184	227	81	180	217	83	161	212	76	2	5	40
Percent Reporting Positively About General Satisfaction	606	845	72	63	95	66	65	81	80	161	230	70	159	220	72	158	214	74	0	5	0
Percent Reporting Positively About Outcomes	430	837	51	48	96	50	46	81	57	122	228	53	104	214	49	109	213	51	1	5	20
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	78	96	81	67	79	85	180	230	78	180	219	82	177	215	82	1	5	20
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	78	93	84	75	78	96	201	228	88	196	216	91	191	212	90	2	4	50
¹ The Access Indicator is based on the two items used for national reporting.																					

Table 8. Parent Evaluation of Care by Length of Services

Parent Report of Child/Adolescent Mental Health Indicators	Total			Less than 6 months			6 months to 1 year of service			Greater than 1 year of service			Unknown length of service		
	# met	Responses	%	# met	Responses	%	# met	Responses	%	# met	Responses	%	# met	Total Responses	%
Percent Reporting Positively About Access ¹	658	833	79	109	160	68	196	239	82	324	399	81	29	35	83
Percent Reporting Positively About General Satisfaction	606	845	72	88	159	55	170	242	70	321	408	79	27	36	75
Percent Reporting Positively About Outcomes	430	837	51	66	159	41	118	238	50	228	404	56	18	36	50
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	110	159	69	190	242	78	352	406	87	31	37	84
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	128	156	82	211	235	90	373	404	92	31	36	86
¹ The Access Indicator is based on the two items used for national reporting.															

Table 9. Parent Evaluation of Care by Insurance Status

Parent Report of Child/Adolescent Mental Health Indicators	Total			Youth on Medicaid			Youth with FAMIS			Youth with other insurance			Youth with no insurance			Unknown Status		
	# met	Respon ses	%	# met	Respo nses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%
Percent Reporting Positively About Access ¹	658	833	79	365	460	79	39	55	71	169	209	81	25	36	69	60	73	82
Percent Reporting Positively About General Satisfaction	606	845	72	347	471	74	39	56	70	148	209	71	22	35	63	50	74	68
Percent Reporting Positively About Outcomes	430	837	51	244	467	52	25	54	46	110	207	53	14	35	40	37	74	50
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	388	469	83	44	56	79	165	209	79	25	36	69	61	74	82
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	411	462	89	51	56	91	181	204	89	31	36	86	69	73	94

¹The Access Indicator is based on the two items used for national reporting.

Table 10. Parent Evaluation of Care by Current Service Status

Parent Report of Child/Adolescent Mental Health Indicators	Total			Youth Currently in Service			Youth No Longer in Service			Unknown Service Status		
	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%	# met	Respon ses	%
Percent Reporting Positively About Access ¹	658	833	79	475	573	83	165	239	69	18	21	86
Percent Reporting Positively About General Satisfaction	606	845	72	454	583	78	135	242	56	17	20	85
Percent Reporting Positively About Outcomes	430	837	51	311	577	54	106	240	44	13	20	65
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	502	581	86	164	242	68	17	21	81
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	529	574	92	195	236	83	19	21	90

¹The Access Indicator is based on the two items used for national reporting.

Table 11. Parent Evaluation of Care by Current Living Situation

Parent Report of Child/Adolescent Mental Health Indicators	Total			Youth Living with Parent			Youth Not Living with Parent			Unknown Status		
	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%
Percent Reporting Positively About Access ¹	658	833	79	555	702	79	64	87	74	39	43	91
Percent Reporting Positively About General Satisfaction	606	845	72	513	712	72	55	86	64	37	46	80
Percent Reporting Positively About Outcomes	430	837	51	363	705	52	40	86	46	27	45	60
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	574	711	81	71	87	82	38	45	84
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	628	701	90	72	83	87	42	46	91
¹ The Access Indicator is based on the two items used for national reporting.												

Table 12. Parent Evaluation of Care by Use of Medication

Parent Report of Child/Adolescent Mental Health Indicators	Total			Youth on Medication			Youth Not on Medication			Unknown Status		
	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%	# met	Res pon ses	%
Percent Reporting Positively About Access ¹	658	833	79	420	536	78	223	279	80	14	17	82
Percent Reporting Positively About General Satisfaction	606	845	72	400	546	73	193	282	68	12	16	75
Percent Reporting Positively About Outcomes	430	837	51	267	542	49	154	278	55	8	16	50
Percent Reporting Participation in Treatment Planning for their Children	683	844	81	459	544	84	208	282	74	15	17	88
Percent Reporting Positively About Cultural Sensitivity of Staff	743	831	89	483	538	90	243	275	88	16	17	94
¹ The Access Indicator is based on the two items used for national reporting.												